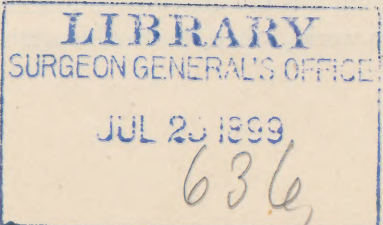


Goldthwait (J. E.)

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JOEL E. GOLDTHWAIT, M.D.,  
Boston, Mass.

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## A CASE OF SPINAL CARIES FOLLOWED BY LATE SUPPURATION, WITH DISCHARGE OF THE ABSCESS THROUGH THE BRONCHUS.

JOEL E. GOLDTHWAIT, M.D.

ABSCESSSES in connection with caries of the spine may point almost anywhere, the position being determined by the region of the spine affected, whether cervical, dorsal or lumbar, and the direction of the least resistance. With the disease below the fourth dorsal vertebra, the pus must commonly work down behind the diaphragm and shows either in the lumbar or femoral regions. With the disease above this point the abscess is most often seen on one side of the neck.

Occasionally the pus works forward into the mediastinum, and it may cause serious trouble by pressure upon or irritation of the great vessels or nerves, or finds outlet through the pleura, making an empyema or through the bronchus or œsophagus. Cases in which the latter conditions exist are very rare, and it is for this purpose, in order to have the case recorded that the following is reported:

Edward McDermott, fourteen years of age, came to the Carney Hospital April 16, 1897, giving the following history:

When eighteen months of age he had spinal trouble, which was followed by a prominence of the back. Eight years ago he was treated at the Children's Hospital and wore a brace with a head support for four years. He was then considered well except for the deformity.

Nine months ago he commenced to have pain in the left groin, and at this same time the leg drew up. Twelve weeks ago there was considerable difficulty in breathing, with pain which was referred to the epigastric region. The difficulty in respiration increased so that at times he become markedly cyanotic. Two weeks later there was a sudden free discharge of pus, apparently from the lungs. The description given by the parent was that there was enough discharge to "fill a small wash-tub." Following this the difficulty in respiration entirely disappeared for two weeks, when the trouble again occurred and was



again relieved by the free discharge from the lungs. After that the discharge disappeared and the cough which had been present during the discharge also stopped.

Two weeks ago a large abscess formed in the back at the left side just below the ribs, and this has been discharging ever since.

In the matter of diagnosis it is of interest to note that a few days before the abscess broke the first time and when the respiration was so difficult, the patient was examined at the Massachusetts General Hospital by Dr. Vickery, who was unable to find any trouble with the lungs, heart or pleura, showing that the abscess must have been in the mediastinum, ruling out at once the possibility of empyema or an abscess of the lungs. The patient was referred by him to me at the Carney Hospital.

Clinically the boy had a marked kyphosis with a discharging sinus in the back and presented no symptoms other than those common in such cases. At no time since his first visit have there been any symptoms which would indicate a refilling of the abscess in front, the pus apparently finding outlet from the sinus in the back.

The diagnosis of abscess is, of course, not always easy in such a case, but it should always be thought of when symptoms of cardiac or respiratory trouble develop in a patient having the deformity resulting from Pott's disease, even though this may have been considered healed for many years, provided, of course, that the symptoms cannot be explained by the ordinary examination of the chest. The symptoms of abscess in the mediastinum usually develop suddenly, due apparently to the extension of the swelling so that either the bronchus or great nerves or vessels are pressed upon. A somewhat similar case, occurring at the Children's Hospital, and which has been reported by Dr. Bradford, died suddenly, apparently because of pressure upon the pneumogastric nerve.

The importance of early operation when the diagnosis has been made is readily apparent, and from the location of the pus and the position of the other organs access to it must be from the back at the side of the spine and by partial excision of one or more ribs.

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